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RECEIVED
EPA/REGION IV

FEB 23 10 58 AM '81

ENFORCEMENT
DIVISION

SM,
PLEASE ADVISE!

Environmental Activities Staff

General Motors Corporation

General Motors Technical Center

Warren, Michigan 48090

February 20, 1981

Mr. Paul Keith
RCRA Activities
U.S. EPA Region IV
345 Courtland Street, N.E.
Atlanta, GA 30365

Dear Mr. Keith:

Attached is a copy of the November 10, 1980 letter issued by the U.S. EPA General Counsel allowing General Managers of General Motors Corporation to sign the permit applications required under the Consolidated Permit program. Although the EPA letter was copied to all EPA Regional Counsels and Enforcement Directors, the attached copy is provided for the convenience of you and other persons in the RCRA Activities group of EPA Region IV.

Should you have any questions, please contact me by calling (313)575-8602.

Very truly yours,

Joseph P. Chu

Joseph P. Chu
Senior Staff Engineer

JPC:ear

Attachment



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

NOV 10 1980

OFFICE OF
GENERAL COUNSEL

Louis E. Tosi, Esquire
Fuller, Henry, Hodge & Snyder
300 Madison Ave., 1200 Edison Plaza
Post Office Box 2088
Toledo, Ohio 43603

Dear Mr. Tosi:

This is in response to your November 4 petition on behalf of General Motors Corporation (GM) for relief from certain signatory requirements under the Consolidated Permit regulations. Although GM's request extends to all permits governed by the Consolidated Permit Regulations, the corporation appears to be particularly concerned about meeting those requirements in time to file a RCRA permit application by the November 19, 1980 deadline set forth in EPA's regulations. For the reasons stated below, I believe that correct interpretation and application of the regulations will substantially reduce the burden on GM such that compliance can be attained by the RCRA November 19, 1980 filing deadline. We understand that upon receipt of this letter GM will withdraw its November 4, 1980 petition except as to item 3 on page 1, relating to owners and operators. Further, we agree that withdrawal of the petition will not prejudice any rights GM has to continue litigation or file additional petitions.

On May 19, 1980, EPA issued final Consolidated Permit regulations. 40 CFR Parts 122, 123 124 and 125 (45 FR 33290). Section 122.6 of these rules requires corporate permit applications to be signed "by a principal executive officer of at least the level of vice president." The section also requires a particular form of certification by the signer.

After publication of these rules, representatives of chemical and other industries requested clarification of some of the key terms of the signatory requirements of §122.6. In response, EPA published in the August 8, 1980 Federal Register a policy statement explaining the Agency's interpretation of the regulation. 45 FR 52149. The policy statement stressed, among other things, that the requirement for a vice president to sign would be interpreted to include officials with other titles but similar "policy-making functions." It further stated that the level of inquiry required by the form of certification would generally be construed to mean a "good faith effort"

to ascertain whether the submitted information meets applicable requirements.

On November 3, 1980, you sent to EPA a petition on behalf of GM asking for relief from the signatory and certification requirements in Section 122.6. GM stated that it must file 235 RCRA interim status applications by November 19, 1980. Moreover, GM has 73 plants with NPDES permits, although not all these permits require applications for renewal at the same time. GM had identified only six or seven corporate officials who would clearly be authorized to sign all these applications. Contending that the number of applications and the level of burden is unduly high, GM asked EPA either to advise that plant managers can sign the applications, or to suspend or amend the regulations to relieve the claimed burden on the corporation.

GM argued that the signatory requirement places an unnecessary burden on vice presidents because it requires of them a level of inquiry impossible for anyone above the plant manager level. Thus, it contended, the regulations require the vice president to read not only the application, but also all attachments to the applications, which may run to hundreds of pages. They must also, GM said, have a working knowledge of analytical methods, general engineering and chemical principles, and each plant's detailed processes and facility layout. According to GM, virtually all signers would need to be "skilled in environmental science," have "daily contact with the plant," and make inquiries of every person in the plant who had anything to do with gathering information for the application.

On November 6, you and Mr. Leonard Charla of GM met with representatives of my office and the Office of Enforcement to discuss your petition. Based on information presented in your petition, and orally at the meeting, I believe GM's misreading of the regulations caused it to overstate its difficulties in compliance.

First, GM's corporate structure allows the burden to be spread more than you assumed. GM is divided into 39 operating divisions, 28 of which are headed by officers who are vice presidents of General Motors Corporation. Mr. Charla stated that those divisional managers who are not vice presidents have equivalent responsibilities within their divisions to

the divisional managers who are designated vice presidents. Because their functions are the same, those officers are "at least the level of vice president," and are accordingly authorized to sign permit applications.

Moreover, EPA's regulation, as interpreted in the August 6, 1980 policy statement, was not intended to require vice presidents to acquire the technical expertise of plant engineers or environmental scientists. Like any manager, a vice president must rely upon subordinates to establish the system of checks and cross-checks that will enable him or her to sign with assurance that the information is complete and correct. As the certification indicates, the vice president must examine the application. EPA does not expect high corporate officials to wade through multi-volume modeling studies for PSD permits or lengthy attachments to permit applications consisting of raw data, although they should understand what these documents contain, why they are being provided, and how they will be used. Having examined the application, the vice president must then assure its accuracy and completeness. A corporate official is not expected then to have the technical expertise to parse every line on the form, nor to take the time to cross-examine the scores of employees that may have participated in its preparation.

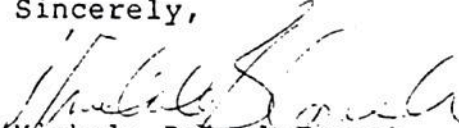
Instead, as is stated in the preamble to the 1979 NPDES regulations in which the signatory requirement first appeared, "the signatory may rely on the representations of the person immediately responsible for obtaining the information in the document when certifying to its accuracy, etc." 44 Fed. Reg. 32860 (June 7, 1979). The person "immediately responsible" is not, as your petition assumes, the person who performs the sampling.

We expect in most cases that a plant manager or plant or corporate environmental supervisor will supervise collection of the information. Vice presidents are entitled to rely upon such persons in making inquiries regarding the accuracy of information. As the policy statement indicates, only if inquiry of these individuals fails to provide a reasonable basis to assure the accuracy and completeness of the information is further inquiry necessary.

As to the problem identified on p. 1, Item 3 of your petition, EPA recognizes that some operators of RCRA facilities have encountered difficulties in securing appropriate signatures and certifications from owners. In such cases, EPA advises operators to submit the application, in compliance with such of the signatory and certification requirements as apply to operators, and an explanation of the steps the operator has taken to secure the owner's compliance.

Please let me know if you need further assistance.

Sincerely,



Michele Beigel Corash
General Counsel

cc: Service List
Consolidated Permits Litigation
Regional Counsel
Regional Enforcement Division Directors



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV

345 COURTLAND STREET
ATLANTA, GEORGIA 30365

JUN 11 1984

4AW-RM

Mr. B.B. Sorchecich
Environmental Control
Facilities and Planning
General Motors Warehousing
and Distribution Division
6060 West Bristol Road
Flint, Michigan 48554

Re: EPA I.D. No. GAD 000 814 343

Dear Mr. Sorchecich:

The State of Georgia has been granted Phase I and II (A & B) Interim Authorization to operate their State Hazardous Waste Program in lieu of the Federal Program under the Resource Conservation and Recovery Act; therefore, your request is being forwarded to Georgia for processing.

If you have questions concerning this or need other information relating to your facility, you should contact the Hazardous Waste Management Agency whose address is:

Mr. John Taylor, Acting Chief
Land Protection Branch
Environmental Protection Division
Georgia Department of Natural Resources
270 Washington Street, S.W.
Room 824
Atlanta, Georgia 30334

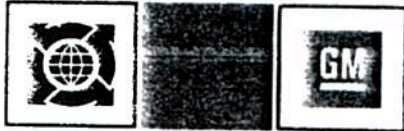
If this office can be of further service to you, please contact Nell Keever at (404) 881-3446.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "James H. Scarbrough".

James H. Scarbrough, Chief
Residuals Management Branch
Air & Waste Management Division

cc: Georgia Department of Natural Resources



Warehousing & Distribution
Division of General Motors Corporation

November 11, 1983

EPA Region IV
345 Courtland Street
Atlanta, Georgia 30365

Attention: Ms. Rita Ford

RE: EPA #GAD000814343 - Atlanta, Doraville

Dear Ms. Ford:

Enclosed, please find a revised copy of page 3 of 5 of the Part A RCRA application. At this time we are requesting deletion of the original listed wastes and quantities. These wastes were originally listed due to a misunderstanding of the regulations.

General Motors Warehousing and Distribution Division hereby requests that the status of the above referenced facility be changed from full TSDF to Small Quantity Generator. In addition, we request that we retain our EPA ID number for future use should the nature of our operations change.

If I can be of further assistance, please contact me at 313-635-6614.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bernadette B. Sorchechich".

B. B. SORCHECICH
Environmental Control
Facilities and Planning

BBS/sm
Enclsoure

NOTE Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W 6 AD 000814343													W DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))													
1	D001	22000	P	S01																					
2	D002																Incl. Above								
3																									
4																									
5																									
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ATTACHMENT A

SUPPLEMENTARY DETAIL TO SECTION C - COMMERCIAL
CHEMICAL PRODUCT HAZARDOUS WASTES

The commercial chemical products identified by the code numbers listed in Section C (as listed in Subpart D, Section 261.33) are not, by generic name, purchased, manufactured, or used in formulating any other commercial chemical product by General Motors Parts Division. However, these chemicals are known to be present in various proportions in some of our distributable products which have been or may be handled by General Motors Parts Division in the course of our business and which have been or may become subject to storage and/or disposal.

If you have any questions or comments concerning this matter, please notify the installation contact shown in Section IV of the form.



JOE D. TANNER
Commissioner

J. LEONARD LEDBETTER
Division Director

Handwritten: Kelly Lane

Department of Natural Resources

ENVIRONMENTAL PROTECTION DIVISION

270 WASHINGTON STREET, S.W.
ATLANTA, GEORGIA 30334

January 31, 1984

Mr. L. L. Browning, PDC Manager
General Motors Corporation
Warehousing & Distribution
6060 West Bristol Road
Flint, Michigan 48554

RE: Request for Facility Status
Changes for G.M. Parts Division
Plant, Doraville
EPA ID#GAD00814343

Handwritten: 84D00814343

Dear Mr. Browning:

This will acknowledge receipt of your request for withdrawal of your application for a Hazardous Waste Facility permit.

Based on the information provided, withdrawal of your application is warranted and your permit application has been placed in our inactive files.

As requested, your status has been changed to a small quantity generator and your EPA Identification Number has been retained.

Please be advised that withdrawal of your permit application invalidates any variance that you received to continue existing hazardous waste treatment storage or disposal during the permit review process and that based on our concurrence with your withdrawal request, the Federal Environmental Protection Agency will terminate your facility's interim status.

Should you wish to treat, store, or dispose of hazardous waste in the future, it will be necessary that a hazardous waste handling permit be issued, prior to the construction of such facilities, under authority of Section 8 of the Georgia Hazardous Waste Management Act and Section 391-3-11-.10 and .11 of Georgia's Rules for Hazardous Waste Management.

If further clarification is needed on this matter, please feel free to contact Alan Laros at 404/656-7802.

Sincerely,

Handwritten signature of John D. Taylor, Jr.

John D. Taylor, Jr.
Program Manager
Industrial & Hazardous Waste
Management Program

JDT:alb:12
cc: James H. Scarbrough
File: GM Parts Div. (Y)

Part A, Permit Process --- Internal Checklist

ID Number 640 000 514 143 Inst Name GAC WASH DIST

Refer to Form No:	PHASE ONE Interim Regulatory Requirements	Indicate by your initials:		Valid Prmlyg Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	<u>JK</u>		
2	Form 1 received?	<u>JK</u>		
1	Form 3 received?	<u>JK</u>		
1 & 3	Postmarked on or before November 19, 1980?	<u>JK</u>		
3	Date of operation entered?	<u>JK</u>		
3	Date of operation on or before November 19, 1980?	<u>JK</u>		
Notif. record	Notifier?	<u>JK</u>		
"	Notified on or before August 18, 1980?	<u>JK</u>		
1	Form 1, XIII B signed?	<u>JK</u>		
3	Form 3, IX B Signed?	<u>JK</u>		

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here:

12/19/80

PHASE TWO

1	Unsure if regulated or non-regulated?		<u>JK</u>
3	New facility?		<u>JK</u>
1 & 3	Core items missing? If Yes, indicate which items: Facility name____; location____; mail address____; operator info____; certification <u>X</u> ; process info____; waste info____; owner <u>X</u> ; sigs <u>X</u> .		

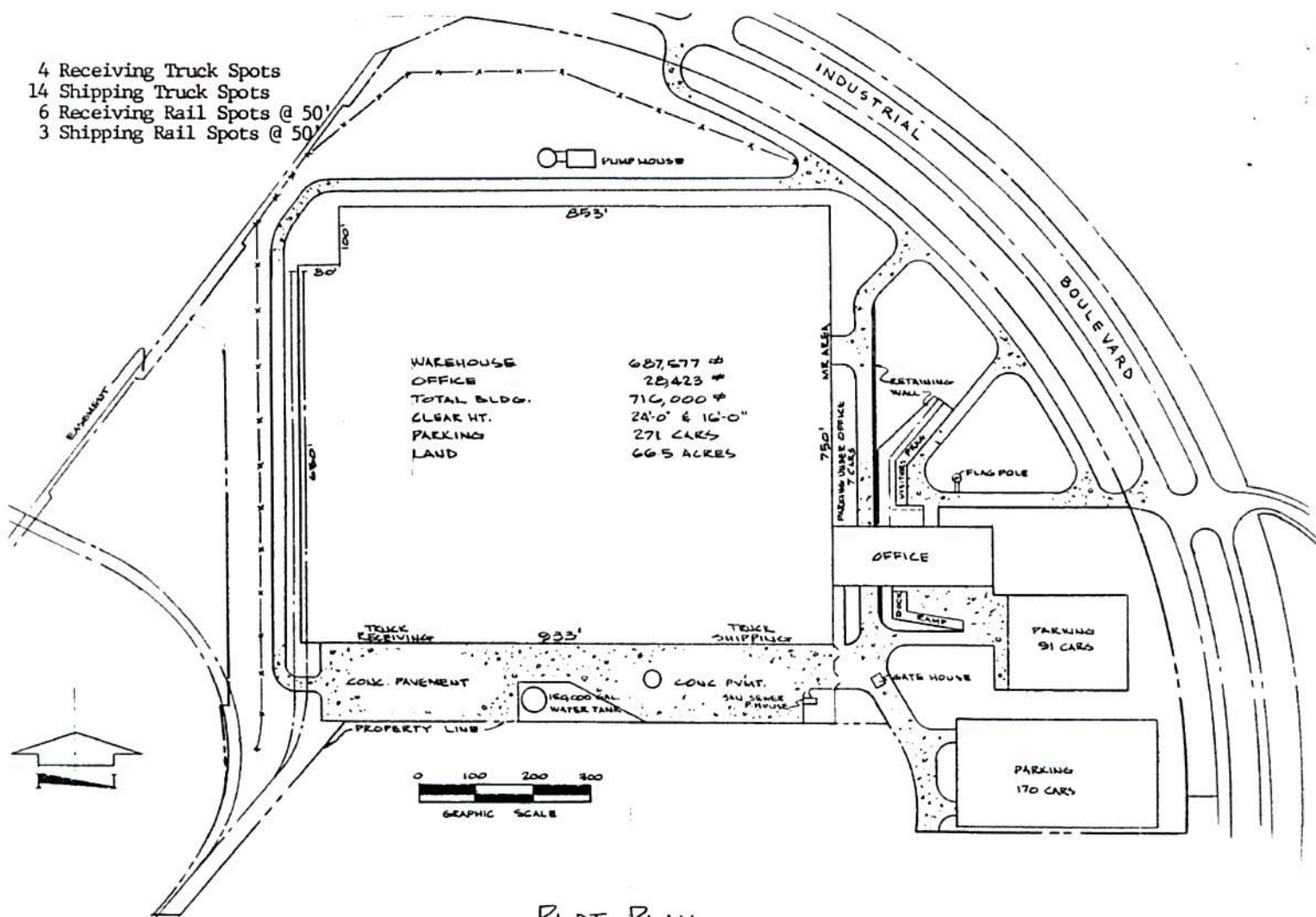
PHASE THREE

1 & 3	Non-core items missing? If Yes, indicate which items: Maps____; photos____; drawings____; lat/long____. Other observations and comments:
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Received Date Stamp
12/19/80

Log out/Log in

- 4 Receiving Truck Spots
- 14 Shipping Truck Spots
- 6 Receiving Rail Spots @ 50'
- 3 Shipping Rail Spots @ 50'



PLOT PLAN
G.M. PARTS DIVISION-ATLANTA, GA. #08

19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100																		
II. FIRST OR REVISED APPLICATION																																																																																																			

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

- ☐
2. NEW FACILITY (Complete item below.)

YR.	MO.	DAY

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

☐ 1. FACILITY HAS INTERIM STATUS☐ 2. FACILITY HAS A RCRA PERMIT

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. **AMOUNT** — Enter the amount.
2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS		T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C		DUP						T/A	C																			
1		2		13		14		15																				
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY						FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY						FOR OFFICIAL USE ONLY											
		1. AMOUNT (specify)						2. UNIT OF MEASURE (enter code)			1. AMOUNT						2. UNIT OF MEASURE (enter code)											
18	19	20	21	22	23	24	27	28	29	30	31	32	18	19	20	21	22	23	24	27	28	29	30	31	32			
X-1	S 0 2	600						G		5																		
X-2	T 0 3	20						E		6																		
1	S 0 1	1440						G		7																		
2										8																		
3										9																		
4										10																		
16	18	18					27	28	29	30	31	32	16	18	18					27	28	29	30	31	32			

ATLANTA

EPA ID NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
GAD0008143433	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES CONTAINED

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES								2. PROCESS DESCRIPTION (if a code is not entered in D(1))				
	21	22	23	24			1. PROCESS CODES (enter)												
1	U	0	0	2	28800	P	S	0	1										
2	U	0	5	4															Incl. Above
3	U	0	5	7															Incl. Above
4	U	0	7	0															Incl. Above
5	U	0	7	5															Incl. Above
6	U	0	8	0															Incl. Above
7	U	1	1	2															Incl. Above
8	U	1	2	2															Incl. Above
9	U	1	5	4															Incl. Above
10	U	1	5	9															Incl. Above
11	U	1	6	0															Incl. Above
12	U	1	6	1															Incl. Above
13	U	2	1	0															Incl. Above
14	U	2	2	0															Incl. Above
15	U	2	2	3															Incl. Above
16	U	2	2	6															Incl. Above
17	U	2	2	9															Incl. Above
18	U	2	3	9															Incl. Above
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FORM 3		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program <i>(This information is required under Section 3005 of RCRA.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;"> F G A D 0 0 0 8 1 4 3 A 3 2 </div>
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FOR OFFICIAL USE ONLY		COMMENTS <div style="border: 1px solid black; height: 40px;"></div>
APPLICATION APPROVED <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	DATE RECEIVED (yr., mo., & day) <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> yr. mo. day </div>	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

<p>FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">YR.</td> <td style="width: 10%; text-align: center;">MO.</td> <td style="width: 10%; text-align: center;">DAY</td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">73</td> <td style="text-align: center;">01</td> </tr> </table>	YR.	MO.	DAY	8	73	01	<p>FOR NEW FACILITIES PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">YR.</td> <td style="width: 10%; text-align: center;">MO.</td> <td style="width: 10%; text-align: center;">DAY</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	YR.	MO.	DAY			
YR.	MO.	DAY											
8	73	01											
YR.	MO.	DAY											

B. REVISED APPLICATION (place an "X" below and complete item 1 above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER HOUR OR LITERS PER HOUR
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
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LANDFILL	D80	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-Feet	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

<div style="display: flex; justify-content: space-between;"> 16 - 18 19 20 - 22 23 </div>											
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT				1. AMOUNT	
		2. UNIT OF MEASURE (enter code)				2. UNIT OF MEASURE (enter code)				2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G	5							
X-2	T 0 3	20	E	6							
1	S 0 1	1440	G	7							
2				8							
3				9							
4				10							

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

000073

RECEIVED
EP. PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means: single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

C		COMMENTS	
15	16		

INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14
00000814343												800813	

I. NAME OF INSTALLATION
GENERAL MOTORS PARTS DIVISION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX
34060 MOTORS INDUSTRIAL WAY

CITY OR TOWN
DORAVILLE
ST. ZIP CODE
GA 30360

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER
SAME 4060 MOTORS IND. WAY

CITY OR TOWN
DORAVILLE
ST. ZIP CODE
GA 30360

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)
2 DAWSON WAYNE SR. ENGINEER
PHONE NO. (area code & no.)
313-635-5474

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER
8 GENERAL MOTORS CORPORATION

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)
F - FEDERAL
M - NON-FEDERAL
M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))
☒ A. GENERATION
☒ C. TREAT/STORE/DISPOSE
☐ B. TRANSPORTATION (complete item VII)
☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))
☐ A. AIR
☐ B. RAIL
☐ C. HIGHWAY
☐ D. WATER
☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION
☐ B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY									
W	1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9	10

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary. *SEE ATTACHMENT "A"*

31	32	33	34	35	36
U057	U075	U080	U159	U161	U210
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U220	U226	U229	U239	U002	U054
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U070	U112	U122	U154	U160	U123
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

[Signature]

L.L. Brown
PDC Manager

7-72-86

CONTINUED FROM THE FRONT

II. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
5	0	1	3	(specify)	7		(specify)
STORAGE - AUTO PARTS							
C. THIRD				D. FOURTH			
7				(specify)	7		(specify)

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?	
GMC WHSG. & DISTRIBUTION DIV. FLINT										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)	
F = FEDERAL M = PUBLIC (other than federal or state) P (specify)										A 313 635 5474	
S = STATE O = OTHER (specify)											
P = PRIVATE											

E. STREET OR P.O. BOX									
6060 W. BRISTOL ROAD									
F. CITY OR TOWN					G. STATE	H. ZIP CODE	IX. INDIAN LAND		
FLINT					MI	48554	Is the facility located on Indian land?		
							<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N NA										9 P NA									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U NA										9 NA									
C. RCRA (Hazardous Wastes)										F. OTHER (specify)									
9 R NA										9 NA									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

A FACILITY UTILIZATION IS PRIMARILY FOR STORAGE AND WHOLESALE DISTRIBUTION OF MOTOR VEHICLE PARTS AND ACCESSORIES.

XIII. CERTIFICATION (see instructions)

I certify, under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
L.G. KALUSH - GENERAL MANAGER		<i>L.G. Kalush</i>		11/16/80	
COMMENTS FOR OFFICIAL USE ONLY					

II. FIRST OR REVISED APPLICATION

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

- ☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility.)

- ☐
2. NEW FACILITY (Complete item below.)

YR.	MO.	DAY

PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

- B. REVISED APPLICATION** (place an "X" below and complete item I above)

- ☐
1. FACILITY HAS INTERIM STATUS

- ☐
2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

- A. **PROCESS CODE** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

- B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.

2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS		T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

EPA Form 3510-3 (6-80)

ATLANTA

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES
INCLUDE DESIGN CAPACITY.

FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item I to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

WASTE NO. LINE	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S20004

EPA ID NUMBER (enter from page 1) GAD0008143433	FOR OFFICIAL USE ONLY <div style="display: flex; justify-content: space-around; font-size: 1.2em;"> DUP DUP </div>
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IV. DESCRIPTION OF HAZARDOUS WASTES CONTINUED

NO.	A. EPA HAZARD. WASTE NO. (enter code)		B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES												
	11	12			1. PROCESS CODES (enter)												
					17	18	19	20	21	22	23	24	25	26	27	28	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	U	002	28800	P	S	0	1										
2	U	054															Incl. Above
3	U	057															Incl. Above
4	U	070															Incl. Above
5	U	075															Incl. Above
6	U	080															Incl. Above
7	U	112															Incl. Above
8	U	122															Incl. Above
9	U	154															Incl. Above
10	U	159															Incl. Above
11	U	160															Incl. Above
12	U	161															Incl. Above
13	U	210															Incl. Above
14	U	220															Incl. Above
15	U	223															Incl. Above
16	U	226															Incl. Above
17	U	229															Incl. Above
18	U	239															Incl. Above
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	

EPA I.D. NO. (enter from page 1)											
F	G	A	D	0	0	0	8	1	4	3	5
6											

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)				LONGITUDE (degrees, minutes, & seconds)			
33	54	32	N	08	41	17	W

VIII. FACILITY OWNER

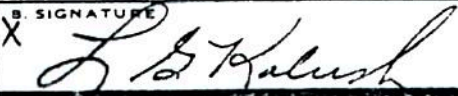
☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER				2. PHONE NO. (area code & no.)			
3. STREET OR P.O. BOX		4. CITY OR TOWN		5. ST.		6. ZIP CODE	

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) L.G. KALUSH	B. SIGNATURE 	C. DATE SIGNED 11/16/80
--	--	----------------------------

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)											
F	G	A	D	0	0	0	8	1	4	3	4
										5	6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
33 54 32 N	084 17 15 W

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER				2. PHONE NO. (area code & no.)			
3. STREET OR P.O. BOX		4. CITY OR TOWN		5. ST.		6. ZIP CODE	

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
L.G. KALUSH	<i>L.G. Kalush</i>	11/16/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

FORM
3
RCRAU.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

FGAD00008143435

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

- ☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

- ☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

- ☐ 1. FACILITY HAS INTERIM STATUS

- ☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

A. PRO- CESS CODE (from list above)		B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	
1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)	1. AMOUNT	2. UNIT OF MEA- SURE (enter code)	1. AMOUNT	2. UNIT OF MEA- SURE (enter code)
X-1 S 0 2	600	G			
X-2 T 0 3	20	E			
1 S 0 1	1440	G			
2					
3					
4					

III. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step-2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER EGAD000 81434																																																							
II. POLLUTANT CHARACTERISTICS		<p>INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your facility is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p> <table border="1"> <thead> <tr> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">MARK 'X'</th> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">MARK 'X'</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> </tr> </thead> <tbody> <tr> <td>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</td> <td></td> <td>X</td> <td></td> <td>B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)</td> <td></td> <td>X</td> <td></td> <td>D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</td> <td>X</td> <td></td> <td>X</td> <td>F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</td> <td></td> <td>X</td> <td></td> <td>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td>X</td> <td></td> <td>J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td>X</td> <td></td> </tr> </tbody> </table>				SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'			YES	NO	FORM ATTACHED	YES	NO	FORM ATTACHED	A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X		C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X		E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X		G. 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III. NAME OF FACILITY GMC WHS. & DISTRIBUTION DIV. - ATLANTA																																																											
IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title) DAWSON WAYNE SR. ENGINEER B. PHONE (area code & no.) 313 635 5474																																																											
V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX 6060 W. BRISTOL RD. B. CITY OR TOWN ELINT C. STATE MI D. ZIP CODE 48554																																																											
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 4060 MOTORS INDUSTRIAL WAY B. COUNTY NAME DEKALB C. CITY OR TOWN DORAVILLE D. STATE GA E. ZIP CODE 30260 F. COUNTY CODE (if known)																																																											

CONTINUED FROM THE FRONT

I. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
5013 (specify) STORAGE - AUTO PARTS				(specify)			
C. THIRD				D. FOURTH			
(specify)				(specify)			

III. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
GMC WHSG. & DISTRIBUTION DIV. FLINT		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)		313 635 5474	
P (specify)			

E. STREET OR P.O. BOX		G. STATE		H. ZIP CODE		IX. INDIAN LAND	
6060 W. BRISTOL ROAD		MI		48554		Is the facility located on Indian lands?	
F. CITY OR TOWN						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FLINT							

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
NA		NA	
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
NA		(specify)	
C. RCRA (Hazardous Wastes)		F. OTHER (specify)	
NA		(specify)	

XI. MAP
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility; the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

FACILITY UTILIZATION IS PRIMARILY FOR STORAGE AND WHOLESALE DISTRIBUTION OF MOTOR VEHICLE PARTS AND ACCESSORIES.

Releasable Leonard Dangerfield
6/7/68 Date

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
L.G. KALUSH - GENERAL MANAGER	<i>L.G. Kalush</i>	11/16/80

COMMENTS FOR OFFICIAL USE ONLY

C	
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JOE D. TANNER
Commissioner

Department of Natural Resources

ENVIRONMENTAL PROTECTION DIVISION
270 WASHINGTON STREET, S.W.
ATLANTA, GEORGIA 30334

J. LEONARD LEDBETTER
Division Director

August 10, 1983

Ms. Bernadette B. Sorchevich
General Motors Corporation
Warehousing & Distribution
6060 West Bristol Road
Flint, Michigan 48554

RE: Request for Facility Status
Changes for G.M. Parts Division
Plant, Chamblee, EPA
ID# GAD000814350

Dear Ms. Sorchevich:

This will acknowledge receipt of your request for withdrawal of your application for a Hazardous Waste Facility permit.

Based on the information provided, withdrawal of your application is warranted and your permit application has been placed in our inactive files.

[As requested, your status has been changed to a small quantity generator and your EPA Identification Number has been retained.]

Please be advised that withdrawal of your permit application invalidates any variance that you received to continue existing hazardous waste treatment storage or disposal during the permit review process and that based on our concurrence with your withdrawal request, the Federal Environmental Protection Agency will terminate your facility's interim status.

Should you wish to treat, store, or dispose of hazardous waste in the future, it will be necessary that a hazardous waste handling permit be issued, prior to the construction of such facilities, under authority of Section 8 of the Georgia Hazardous Waste Management Act and paragraphs .10 and .11 of Georgia's Rules for Hazardous Waste Management, Chapter 391-3-11.

If further clarification is needed on this matter, please feel free to contact Alan Laros at 404/656-7802.

Sincerely,

John D. Taylor, Jr., Program Manager
Industrial & Hazardous Waste
Management Program

JDT:AL :djb
cc: James H. Scarbrough
File: GM Parts Div. (Y)- 3149C

JUN 03 1982

4AW-RM

Ms. B.B. Sorchevich
Environmental Control
Facilities & Planning
General Motors Parts Division
General Motors Corporation
6060 West Bristol Road
Flint, Michigan 48554

U.S. ENVIRONMENTAL PROTECTION AGENCY
131 COURTLAND STREET
ATLANTA, GEORGIA 30365

Re: Atlanta-Chamblee Facility - EPA I.D. #GAD000814350

Gentlemen:

This letter is to acknowledge receipt of your request for withdrawal of your application for a permit under the Resource Conservation and Recovery Act (RCRA), as amended. Your letter indicated that you no longer treat, store, or dispose of hazardous waste.

It has been our general experience that the RCRA regulations and the amendments which have been published since May 19, 1980, have caused confusion, and have been subjected to misinterpretation. This confusion on the part of the regulated community has been compounded, due to EPA's and the State's overlapping responsibilities for implementation of the hazardous waste regulatory program during the period of interim authorization.

Withdrawal of your permit application constitutes revocation of interim status, as defined by Section 3005(e) of the Act. Consequently, under the Federal program, you would no longer be allowed to treat, store, or dispose of hazardous waste. However, as you are probably aware, the State has been authorized to implement certain requirements of the program in lieu of the Federal regulatory requirements. Therefore, withdrawal of your applications also directly affects the State program.

In light of the foregoing, EPA plans to proceed as follows. EPA will place your file in our "suspense" file. This action, in essence, revokes your interim status under the Federal program. However, we will forward the request to the State for formal action. The State will contact you if further information relating to your request is required. If the State agrees that your waste is not hazardous, and that you do not need a RCRA permit, the State will notify you of this determination, and by carbon copy of this notification sent to EPA, your application will be formally withdrawn, and your file will be inactivated.

In conclusion, this letter should not be construed as EPA's concurrence with your determination that RCRA regulatory requirements are not applicable to your facility. Furthermore, this letter does not relieve you of your responsibility to comply with State and Local hazardous waste regulatory requirements.

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Finally, your request to withdraw interim status means that you may not treat, store, or dispose of hazardous waste without a permit issued under the authority of §3005 of the Act and 40 CFR 264.

If for any reason you wish to reconsider this withdrawal request, please advise this office and the State within the next ten days. You should be receiving a formal response to your request from the State in the near future. If you require further clarification, please contact John Herrmann of my staff (404) 881-3433 or a representative of the State hazardous waste program.

Sincerely yours,

James H. Scarbrough, Chief
Residuals Management Branch

cc: Georgia Department of Natural Resources

4AW-RM	4AW-RM
McCurry	Scarbrough

MCCURRY:sjw:WES:x3433:6/1/82

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ENFORCEMENT
DIVISION

Environmental Activities Staff

General Motors Corporation

General Motors Technical Center

Warren, Michigan 48090

February 20, 1981

Mr. Paul Keith
RCRA Activities
U.S. EPA Region IV
345 Courtland Street, N.E.
Atlanta, GA 30365

Dear Mr. Keith:

Attached is a copy of the November 10, 1980 letter issued by the U.S. EPA General Counsel allowing General Managers of General Motors Corporation to sign the permit applications required under the Consolidated Permit program. Although the EPA letter was copied to all EPA Regional Counsels and Enforcement Directors, the attached copy is provided for the convenience of you and other persons in the RCRA Activities group of EPA Region IV.

Should you have any questions, please contact me by calling (313)575-8602.

Very truly yours,

Joseph P. Chu
Senior Staff Engineer

JPC:ear

Attachment

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

NOV 10 1980

OFFICE OF
GENERAL COUNSEL

Louis E. Tosi, Esquire
Fuller, Henry, Hodge & Snyder
300 Madison Ave., 1200 Edison Plaza
Post Office Box 2088
Toledo, Ohio 43603

Dear Mr. Tosi:

This is in response to your November 4 petition on behalf of General Motors Corporation (GM) for relief from certain signatory requirements under the Consolidated Permit regulations. Although GM's request extends to all permits governed by the Consolidated Permit Regulations, the corporation appears to be particularly concerned about meeting those requirements in time to file a RCRA permit application by the November 19, 1980 deadline set forth in EPA's regulations. For the reasons stated below, I believe that correct interpretation and application of the regulations will substantially reduce the burden on GM such that compliance can be attained by the RCRA November 19, 1980 filing deadline. We understand that upon receipt of this letter GM will withdraw its November 4, 1980 petition except as to item 3 on page 1, relating to owners and operators. Further, we agree that withdrawal of the petition will not prejudice any rights GM has to continue litigation or file additional petitions.

On May 19, 1980, EPA issued final Consolidated Permit regulations. 40 CFR Parts 122, 123 124 and 125 (45 FR 33290). Section 122.6 of these rules requires corporate permit applications to be signed "by a principal executive officer of at least the level of vice president." The section also requires a particular form of certification by the signer.

After publication of these rules, representatives of chemical and other industries requested clarification of some of the key terms of the signatory requirements of §122.6. In response, EPA published in the August 8, 1980 Federal Register a policy statement explaining the Agency's interpretation of the regulation. 45 FR 52149. The policy statement stressed, among other things, that the requirement for a vice president to sign would be interpreted to include officials with other titles but similar "policy-making functions." It further stated that the level of inquiry required by the form of certification would generally be construed to mean a "good faith effort"

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to ascertain whether the submitted information meets applicable requirements.

On November 3, 1980, you sent to EPA a petition on behalf of GM asking for relief from the signatory and certification requirements in Section 122.6. GM stated that it must file 235 RCRA interim status applications by November 19, 1980. Moreover, GM has 73 plants with NPDES permits, although not all these permits require applications for renewal at the same time. GM had identified only six or seven corporate officials who would clearly be authorized to sign all these applications. Contending that the number of applications and the level of burden is unduly high, GM asked EPA either to advise that plant managers can sign the applications, or to suspend or amend the regulations to relieve the claimed burden on the corporation.

GM argued that the signatory requirement places an unnecessary burden on vice presidents because it requires of them a level of inquiry impossible for anyone above the plant manager level. Thus, it contended, the regulations require the vice president to read not only the application, but also all attachments to the applications, which may run to hundreds of pages. They must also, GM said, have a working knowledge of analytical methods, general engineering and chemical principles, and each plant's detailed processes and facility layout. According to GM, virtually all signers would need to be "skilled in environmental science," have "daily contact with the plant," and make inquiries of every person in the plant who had anything to do with gathering information for the application.

On November 6, you and Mr. Leonard Charla of GM met with representatives of my office and the Office of Enforcement to discuss your petition. Based on information presented in your petition, and orally at the meeting, I believe GM's misreading of the regulations caused it to overstate its difficulties in compliance.

First, GM's corporate structure allows the burden to be spread more than you assumed. GM is divided into 39 operating divisions, 28 of which are headed by officers who are vice presidents of General Motors Corporation. Mr. Charla stated that those divisional managers who are not vice presidents have equivalent responsibilities within their divisions to

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the divisional managers who are designated vice presidents. Because their functions are the same, those officers are "at least the level of vice president," and are accordingly authorized to sign permit applications.

Moreover, EPA's regulation, as interpreted in the August 6, 1980 policy statement, was not intended to require vice presidents to acquire the technical expertise of plant engineers or environmental scientists. Like any manager, a vice president must rely upon subordinates to establish the system of checks and cross-checks that will enable him or her to sign with assurance that the information is complete and correct. As the certification indicates, the vice president must examine the application. EPA does not expect high corporate officials to wade through multi-volume modeling studies for PSD permits or lengthy attachments to permit applications consisting of raw data, although they should understand what these documents contain, why they are being provided, and how they will be used. Having examined the application, the vice president must then assure its accuracy and completeness. A corporate official is not expected then to have the technical expertise to parse every line on the form, nor to take the time to cross-examine the scores of employees that may have participated in its preparation.

Instead, as is stated in the preamble to the 1979 NPDES regulations in which the signatory requirement first appeared, "the signatory may rely on the representations of the person immediately responsible for obtaining the information in the document when certifying to its accuracy, etc." 44 Fed. Reg. 32860 (June 7, 1979). The person "immediately responsible" is not, as your petition assumes, the person who performs the sampling.

We expect in most cases that a plant manager or plant or corporate environmental supervisor will supervise collection of the information. Vice presidents are entitled to rely upon such persons in making inquiries regarding the accuracy of information. As the policy statement indicates, only if inquiry of these individuals fails to provide a reasonable basis to assure the accuracy and completeness of the information is further inquiry necessary.

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As to the problem identified on p. 1, Item 3 of your petition, EPA recognizes that some operators of RCRA facilities have encountered difficulties in securing appropriate signatures and certifications from owners. In such cases, EPA advises operators to submit the application, in compliance with such of the signatory and certification requirements as apply to operators, and an explanation of the steps the operator has taken to secure the owner's compliance.

Please let me know if you need further assistance.

Sincerely,



Michele Beigel Corash
General Counsel

cc: Service List
Consolidated Permits Litigation
Regional Counsel
Regional Enforcement Division Directors

060305

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GA000814350



Warehousing & Distribution
Division of General Motors Corporation

May 13, 1982

EPA Region IV
345 Courtland Street
Atlanta, Georgia 30365

Attention: Ms. Rita Ford

RE: EPA #GAD000814350 - Atlanta, Chamblee

Dear Ms. Ford:

Enclosed, please find a revised copy of page 3 of 5 of the Part A RCRA application. At this time we are requesting deletion of the original listed wastes and quantities. These wastes were originally listed due to a misunderstanding of the regulations.

General Motors Warehousing and Distribution Division hereby requests that the status of the above referenced facility be changed from full TSDF to Small Quantity Generator. In addition, we request that we retain our EPA ID number for future use should the nature of our operations change.

If I can be of further assistance, please contact me at 313-635-6614.

Sincerely,

A handwritten signature in cursive script that reads "Bernadette B. Sorchevich".

B. B. SORCHEVICH
Environmental Control
Facilities and Planning

BBS/sm
Enclosure

000301
NOT

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY															
W 1 A D 0 0 0 8 1 4 3 5 0 0													W DUP															
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																												
W N O J Z	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))											
	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
1	D	0	0	1	22000					P	S	0	1															
2	D	0	0	2																								
3																												
4																												
5																												
6																												
7																												
8																												
9																												
10																												
11																												
12																												
13																												
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16																												
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19																												
20																												
21																												
22																												
23																												
24																												
25																												
26																												

NOTE: Recheck this form before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-520-004

EPA ID NUMBER (enter in block 1)	FOR OFFICIAL USE ONLY	
GA 0000814350	DUP	DUP

DESCRIPTION OF HAZARDOUS WASTES

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)			B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES												
	1	2	3			1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D.1.)						
1	U	00	2	28800	P	S	0	1										
2	U	05	4															Incl. Above
3	U	05	7															Incl. Above
4	U	07	0															Incl. Above
5	U	07	5															Incl. Above
6	U	08	0															Incl. Above
7	U	11	2															Incl. Above
8	U	12	2															Incl. Above
9	U	15	4															Incl. Above
10	U	15	9															Incl. Above
11	U	16	0															Incl. Above
12	U	16	1															Incl. Above
13	U	21	0															Incl. Above
14	U	22	0															Incl. Above
15	U	22	3															Incl. Above
16	U	22	6															Incl. Above
17	U	22	9															Incl. Above
18	U	23	9															Incl. Above
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		

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Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016 L
GSA No. 0246-EPA-07



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

GENERAL MOTORS PARTS DIVISION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

5373 PEACHTREE INDUSTRIAL BLVD

CITY OR TOWN

ST.

ZIP CODE

CHAMBLEE

GA 30341

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

SAME - 5373 PEACHTREE IND BLVD

CITY OR TOWN

ST.

ZIP CODE

CHAMBLEE

GA 30341

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

DAWSON WAYNE SR. ENGINEER

313-635-5474

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

NEW YORK LIFE INSURANCE GENERAL MOTORS CORP

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

FEDERAL
NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

A. GENERATION

B. TRANSPORTATION (complete item VII)

C. TREAT/STORE/DISPOSE

D. UNDERGROUND INJECTION

DE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

AIR

B. RAIL

C. HIGHWAY

D. WATER

E. OTHER (specify):

OR SUBSEQUENT NOTIFICATION

enter appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If first notification, enter your Installation's EPA I.D. Number in the space provided below.

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C. INSTALLATION'S EPA I.D. NO.

NOTIFICATION

B. SUBSEQUENT NOTIFICATION (complete item C)

OF HAZARDOUS WASTES

reverse of this form and provide the requested information.

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W	K	A	N	O	C	C	U	I	N	S	E
1	2	3	4	5	6	7	8	9	10	11	12

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U057	U075	U080	U159	U161	U210
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U220	U226	U229	U239	U002	U054
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U070	U112	U122	U154	U160	U224
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)


☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) H. J. Korb PDC Mgr	DATE SIGNED 7-21-80
--	---	------------------------

SUPPLEMENTARY DETAIL TO SECTION C - COMMERCIAL
CHEMICAL PRODUCT HAZARDOUS WASTES

The commercial chemical products identified by the code numbers listed in Section C (as listed in Subpart D, Section 261.33) are not, by generic name, purchased, manufactured, or used in formulating any other commercial chemical product by General Motors Parts Division. However, these chemicals are known to be present in various proportions in some of our distributable products which have been or may be handled by General Motors Parts Division in the course of our business and which have been or may become subject to storage and/or disposal.

If you have any questions or comments concerning this matter, please notify the installation contact shown in Section IV of the form.

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February 24, 1981

U.S. Environmental Protection Agency
Region IV
RCRA Activities
345 Courtland St., N.E.
Atlanta, Georgia 30365

Dear Sir:

Enclosed please find the RCRA permit application forms for the following facilities:

EPA ID #: KYD 068335231
Location: 4501 Indian Trail, Louisville, KY

EPA ID #: FLD 079200978
Location: 8206 Phillips Hwy., Jacksonville, Florida

EPA ID #: GAD 000814350
Location: 5373 Peachtree Ind. Blvd., Chamblee, GA

We are currently attempting to obtain the owner's signatures on these forms. This matter could take a considerable amount of time as most of these facilities are owned by investment companies, trust companies, or other large firms. In reference to this matter, I refer you to page 4 of the attached letter from U.S. EPA's General Counsel.

When these signatures are obtained or if we are unable to accomplish same, we will forward the forms or a detailed explanation to your office.

Sincerely,

Wayne K. Dawson

W. K. DAWSON, Sr. Engineer
Environmental Control
GM Warehousing & Distribution Division

WKD/sm
Attach.

000004

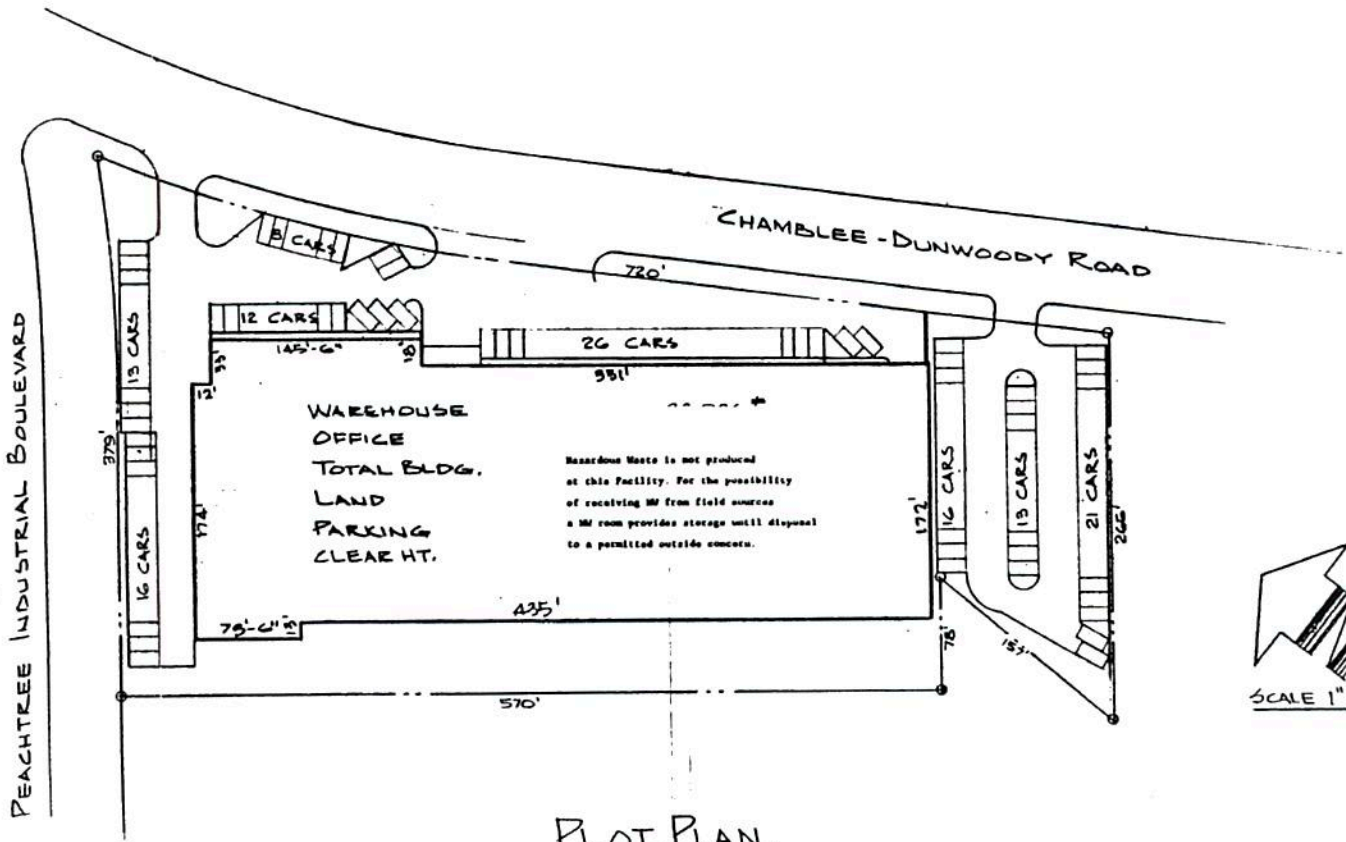
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3-Receiving Truck Spots
6-Shipping Truck Spots

000306

GA 00081330



PLOT PLAN

G.M.T. & C. - ATLANTA, GEORGIA

REV. 1-23-80 A
A.D. R. H. H. H. H.

FORM 1



U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

II. POLLUTANT CHARACTERISTICS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, correct it through it and enter the correct data in appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to left of the label space lists the information that should appear), please provide it in proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 GMC WHS. & DISTRIB. DLV. - ATLANTA

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

B. PHONE (area code & no.)

2 DAWSON WAYNE SR. ENGINEER

313 635 5474

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 6060 W. BRISTOL RD.

B. CITY OR TOWN

4 FLINT

C. STATE

MI

D. ZIP CODE

48554

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 5373 PEACHTREE IND. BLVD.

B. COUNTY NAME

DEKALB

C. CITY OR TOWN

6 CHAMBLEE

D. STATE

GA

E. ZIP CODE

30341

F. COUNTY CODE (if known)

000001

NOT

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VIII. OPERATOR INFORMATION

15 16

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

E. STREET OR P.O. BOX

26

P. CITY OR TOWN

18	10-A. <i>EXISTING ENVIRONMENTAL PERMITS</i>
----	---

17-10-17
XI MAR

XII. NATURE OF BUSINESS (provide a brief description)

XIII. CERTIFICATION (see instructions)

A. NAME & OFFICIAL TITLE (type or print) L. G. KALUSH GENERAL MANAGER	B. SIGNATURE 	C. DATE SIGNED 11/17/80
--	---	-----------------------------------

COMMENTS FOR OFFICIAL USE ONLY	
e	
C	

FORM 3510-3
RCRAU.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

Form Approved OMB NO. 2050-0004

1. EPA I.D. NUMBER

EGAD0008143505

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

- ☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

- ☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

- ☐ 1. FACILITY HAS INTERIM STATUS

- ☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	D

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S01	1440	G		7				
2					8				
3					9				
4					10				

III. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES FOR DESCRIBING OTHER PROCESSES (SEE INSTRUCTIONS) FOR EACH PROCESS ENTERED HERE, INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

<u>ENGLISH UNIT OF MEASURE</u>	<u>CODE</u>	<u>METRIC UNIT OF MEASURE</u>	<u>CODE</u>
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K054	900	P	T03D80	
X-2	D002	400	P	T03D80	
X-3	D001	100	P	T03D80	
X-4	D002				included with above

Do not copy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S20704

EPA ID NUMBER (enter from page 1) <div style="border: 1px solid black; padding: 2px;">GA000814550</div>	FOR OFFICIAL USE ONLY <div style="border: 1px solid black; padding: 2px; text-align: center;"> DUP </div>
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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																									
	22	23	24	25			1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D1)																					
							26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	
1	U	0	0	2	28800	P	S	0	1																							
2	U	0	5	4																												Incl. Above
3	U	0	5	7																												Incl. Above
4	U	0	7	0																												Incl. Above
5	U	0	7	5																												Incl. Above
6	U	0	8	0																												Incl. Above
7	U	1	1	2																												Incl. Above
8	U	1	2	2																												Incl. Above
9	U	1	5	4																												Incl. Above
10	U	1	5	9																												Incl. Above
11	U	1	6	0																												Incl. Above
12	U	1	6	1																												Incl. Above
13	U	2	1	0																												Incl. Above
14	U	2	2	0																												Incl. Above
15	U	2	2	3																												Incl. Above
16	U	2	2	6																												Incl. Above
17	U	2	2	9																												Incl. Above
18	U	2	3	9																												Incl. Above
19																																
20																																
21																																
22																																
23																																
24																																
25																																
26																																

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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)											
1	2	3	4	5	6	7	8	9	10	11	12
1	2	3	4	5	6	7	8	9	10	11	12
1	2	3	4	5	6	7	8	9	10	11	12

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)					
3	3	5	3	4	4	0	8	4	1	8	1
0	0	0	0	0	0	0	0	0	0	0	0

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER				2. PHONE NO. (area code & no.)			
N.Y. LIFE INSURANCE CO.							
3. STREET OR P.O. BOX				4. CITY OR TOWN		5. ST.	
51 MADISON AVE				NEW YORK		NY	
						6. ZIP CODE	
						10010	

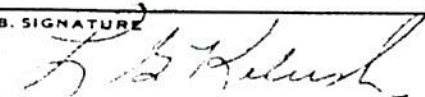
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
L.G. KALUSH		11/17/80



General Motors Parts Division
General Motors Corporation

6060 West Bristol Road
Flint, Michigan 48554

November 18, 1980

To: E. P. A. Regional Offices

Dear Sirs:

This is a leased facility. We are attempting contact with the owners for proper owner signature.

Due to the time constraint, we are submitting this application with the signature of our General Manager who is the principal operating officer of General Motors Parts Division.

As soon as the proper owner signature becomes available, we will forward same to the Environmental Protection Agency regional office involved.

We trust that the submittal of this application signifies to the E. P. A., General Motors Parts Division's intent to comply with the law.

Sincerely,

W. A. Ellis
Administrator
Environmental Control

WAE/e

000307

NOT

GA 000814350

Part A, Permit Process --- Internal Checklist

ID Number GA000814350 Inst Name GMC LUMS 1/1ST 010

<u>PHASE ONE</u>		Indicate by your initials:		Valid Prmlg Date?
Refer to Form No:	Interim Regulatory Requirements	Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	<u>JK</u>	___	___
3	Form 1 received?	<u>JK</u>	___	
1	Form 3 received?	<u>JK</u>	___	
1 & 3	Postmarked on or before November 19, 1980?	<u>JK</u>	___	
3	Date of operation entered?	<u>JK</u>	___	
3	Date of operation on or before November 19, 1980?	<u>JK</u>	___	
Notif. record	Notifier?	<u>JK</u>	___	
"	Notified on or before August 18, 1980?	<u>JK</u>	___	
1	Form 1, XIII B signed?	<u>JK</u>	___	
3	Form 3, IX B Signed?	___	<u>JK</u>	

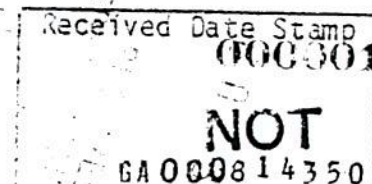
(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: _____)

PHASE TWO

1	Unsure if regulated or non-regulated?	___	___
3	New facility?	___	___
1 & 3	Core items missing? If Yes, indicate which items: Facility name___; location___; mail address___; operator info___; certification___; process info___; waste info___; owner___; sigs___.		

PHASE THREE

1 & 3	Non-core items missing? If Yes, indicate which items: Maps <u>X</u> ; photos___; drawings___; lat/long___. Other observations and comments:
-------	---



RCRA MAINTENANCE FORM

ID # _____ FACILITY NAME _____

F1 Notif. approval _____
 Date notified _____
 Permit app. approved _____
 Date Part A r'cvd _____
 * Facility name _____
 Notif. confidential _____
 Part A confidential _____
 Closure date _____

F2 Contact name & title _____
 Contact telephone # _____
 Modif. under const. _____
 Commercial fac. indic. _____
 Non-reg. fac. indic. _____

F3 Mailing address _____

F4 Mailing city _____ State _____ Zip _____

F5 * Facility address _____
 * County name _____

F6 * Facility city _____ State _____ Zip _____
 * County code _____
 Drawings _____ Photos _____ District code _____
 River basin code _____ Latitude _____ Longitude _____

F7 SIC _____ NEW SIC _____

F8 Facility operator name _____ Owner type _____
 Activity codes: Gen _____ Trans _____ TSD _____ UIC _____
 Transport mode: Air _____ Rail _____ Hwy _____ Water _____ Other _____
 Owner/oper ind. _____ Facility status _____ RCRA permit status _____
 Existence date _____

F9	Type	Permit number	Type	New permit number
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

* This data can only be entered through the FINDS System. *

000302

NOT

))

F0 Date acknowledgement sent: Notification _____
 Int. status _____ Int. status 2 _____

FA Operator tele. # _____ Street _____

FB City _____ State _____ Zip _____ Indian land _____

FC Comment # _____ Comment _____

FE Facility owner _____ Tele.# _____

FF Owner street _____

FG Owner city _____ State _____ Zip _____

CL Process code Amount Unit New code New Amount New Unit

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

W1 Waste seq # Waste Code Waste Amount Unit New Waste New Amount New Unit

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

W2 Waste Seq # Waste Code Process Change Process

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Releasable Leonard Dangerfield
2/4/08 Date

15- Reviewed 11/9/85
C. J. Warren

COVER SHEET: General Motors Parts Division - Doraville
GAD000814343

The General Motors Parts Division - Doraville facility is located at 4060 Motors Industrial Way, Doraville, GA 30360. It is an active auto parts and accessories warehouse and distribution facility that has been owned and operated since opening in 1973 by the GMC Warehousing and Distribution Division of Flint, Michigan, 6060 W. Bristol Road, Flint, Michigan 48554. This facility notified in 1980 and submitted a Part A (Attachment I). At a later date, after clarification of definitions and a modification of plant operations, this facility requested and received a change in status to a Small Quantity Generator (Attachments 4&5). A conversation with Mr. Al Avery, Plant Engineer, revealed that no waste disposal has occurred. All wastes generated at the site are removed by Arivec Chemicals, Inc. (Attachments 2&3). No further action is required at this facility.

MA/mcw015

POOR LEGIBILITY

ONE OR MORE PAGES IN THIS DOCUMENT ARE DIFFICULT TO READ
DUE TO THE QUALITY OF THE ORIGINAL

1



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
GA D000814343

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site)

General Motors Part Division-Doraville

02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER
4060 Motors Industrial Way

03 CITY

Atlanta

04 STATE

05 ZIP CODE

06 COUNTY

GA

30360

Dekalb

07 COUNTY
CODE

044

08 CONG
DIST

4

09 COORDINATES LATITUDE

LONGITUDE

33° 54' 40.0"

084° 17' 13.0"

10 DIRECTIONS TO SITE (Starting from nearest public road)

From downtown Atlanta proceed north on I-85 to I-285, go north on I-285 to Peachtree Industrial Blvd., exit and turn left (south). Proceed on Peachtree Industrial approximately 1/2 mi. & turn left onto Motors Industrial Way. Site is on right approx-

III. RESPONSIBLE PARTIES mately 1/8 mile down Motors Industrial Way.

01 OWNER (if known)

General Motors Corporation Warehousing
and Distribution Division - Flint

02 STREET (Business, mailing, residential)

6060 W. Bristol Road

03 CITY

Flint

04 STATE

05 ZIP CODE

06 TELEPHONE NUMBER

MI

48554

(313) 635-5474

07 OPERATOR (if known and different from owner)

08 STREET (Business, mailing, residential)

09 CITY

10 STATE

11 ZIP CODE

12 TELEPHONE NUMBER

()

13 TYPE OF OWNERSHIP (Check one)

☒ A. PRIVATE ☐ B. FEDERAL:

(Agency name)

☐ C. STATE

☐ D. COUNTY

☐ E. MUNICIPAL

☐ F. OTHER:

(Specify)

☐ G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☒ A. RCRA 3001 DATE RECEIVED: 11 13 84
MONTH DAY YEAR

☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: / /

☐ C. NONE
MONTH DAY YEAR

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON-SITE INSPECTION

☐ YES

DATE / /

☒ NO

BY (Check all that apply)

☐ A. EPA

☐ B. EPA CONTRACTOR

☐ C. STATE

☐ D. OTHER CONTRACTOR

☐ E. LOCAL HEALTH OFFICIAL

☐ F. OTHER:

(Specify)

CONTRACTOR NAME(S):

02 SITE STATUS (Check one)

☒ A. ACTIVE

☐ B. INACTIVE

☐ C. UNKNOWN

03 YEARS OF OPERATION

1973

Present

☐ UNKNOWN

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

Variety of solvents and other organic and inorganic chemicals stored at facility.

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

NONE

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)

☐ A. HIGH

(inspection required promptly)

☐ B. MEDIUM

(inspection required)

☐ C. LOW

(inspect on time available basis)

☒ D. NONE

(No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT

Mr. Al Avery

02 OF (Agency/ Organization)

Plant Engineer, GM Parts - Doraville

03 TELEPHONE NUMBER

404 454-5307

04 PERSON RESPONSIBLE FOR ASSESSMENT

Mike Allred

05 AGENCY

DNR-EPD

06 ORGANIZATION

Remedial

07 TELEPHONE NUMBER

404 656-7404

08 DATE

12/07/84



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
GA D000814343

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply)

- ☐ A. SOLID ☐ E. SLURRY
☐ B. POWDER, FINES ☒ F. LIQUID
☐ C. SLUDGE ☐ G. GAS
☐ D. OTHER _____
(Specify)

02 WASTE QUANTITY AT SITE

(Measures of waste quantities
must be independent)

TONS _____

CUBIC YARDS _____

NO. OF DRUMS 27

03 WASTE CHARACTERISTICS (Check all that apply)

- ☒ A. TOXIC ☐ E. SOLUBLE ☐ I. HIGHLY VOLATILE
☒ B. CORROSIVE ☐ F. INFECTIOUS ☐ J. EXPLOSIVE
☐ C. RADIOACTIVE ☒ G. FLAMMABLE ☐ K. REACTIVE
☐ D. PERSISTENT ☒ H. IGNITABLE ☐ L. INCOMPATIBLE
☐ M. NOT APPLICABLE

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE	0.33	MT	Amount Gen. in '83. Avg. is 55kg/mo
SOL	SOLVENTS	5.36	MT	Amount Gen. in '83-Avg. is 894kg/mo
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
SOL	Acetone		Drum Storage		
SOL	Cyclohexanone		Drum Storage		
SOL	Dichlorobenzene	25321-22-6	Drum Storage		
SOL	Dichlorodifluoromethane		Drum Storage		
SOL	Dechloromethane		Drum Storage		
SOL	Ethylacetate		Drum Storage		
OCC	Formaldehyde	50-00-0	Drum Storage		
SOL	Methanol		Drum Storage		
SOL	Methyl Ethyl Ketone		Drum Storage		
SOL	Methyl Ethyl Ketone Peroxide		Drum Storage		
SOL	Methyl Isobutyl Ketone		Drum Storage		
SOL	Tetrachloroethylene		Drum Storage		
OCC	Toluene Diisocyanate		Drum Storage		
SOL	Trichloroethane	25323-89-1			

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS	Toluene	108-88-3	FDS		
FDS	Xylene	1330-20-7	FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

Part A application filed with GA EPD (Attachment 1).
1983 Generator Annual Hazardous Waste Reports (Attachment 2 & 3).



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
GA D000814343

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ B. SURFACE WATER CONTAMINATION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 AREA POTENTIALLY AFFECTED: _____
(Acres)

04 NARRATIVE DESCRIPTION

01 ☐ G. DRINKING WATER CONTAMINATION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 WORKERS POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION
01 STATE 02 SITE NUMBER
GA D000814343

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ K. DAMAGE TO FAUNA 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION (Include name(s) of species)

01 ☐ L. CONTAMINATION OF FOOD CHAIN 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
(Spills/runoff/standing liquids/leaking drums)
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

① SITE LOCATION

DeKalb County
Water Works

Settling

FIGURE 1

CHAMBLEE, GA.

N3352.5-W8415/7.5

1954
PHOTOREVISED 1982
DMA 4151 IV NE-SERIES V845

GEORGIA

QUADRANGLE LOCATION

N

GENERAL MOTORS PARTS DIVISION
DORAVILLE GA 000814343
4060 MOTORS INDUSTRIAL WAY
ATLANTA GA 30360

MOTORS IND. WAY

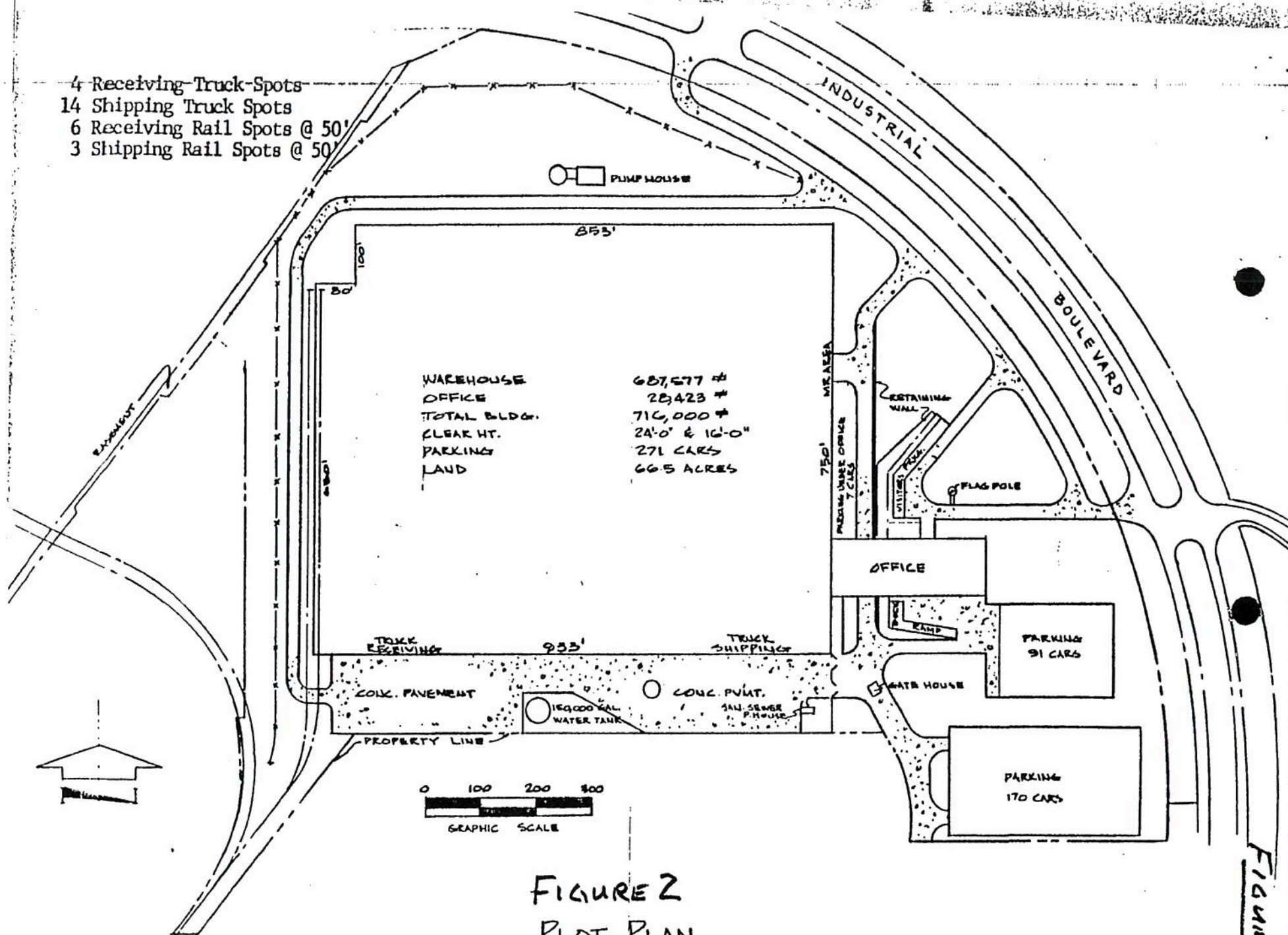
Doraville

Chamblee

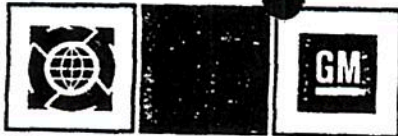
DORAVILLE T. CORP.

DE KALB PEACHTREE
AIRPORT

- 4 Receiving Truck Spots
- 14 Shipping Truck Spots
- 6 Receiving Rail Spots @ 50'
- 3 Shipping Rail Spots @ 50'



G.M. PARTS DIVISION - ATLANTA, GA. #08



Warehousing & Distribution
Division of General Motors Corporation

November 11, 1983

RECEIVED

NOV 18 1983

Georgia Department of Natural Resources
Environmental Protection Division
270 Washington Street, S.W.
Atlanta, GA 30334

ENVIRONMENTAL PROTECTION DIVISION
LAND PROTECTION BRANCH

RE: EPA #GAD000814343 - Doraville
Changes of Status to Small Quantity Generator

Dear Mr. Laros:

Enclosed, please find a revised copy of page 3 of 5 of the Part A RCRA application. At this time we are requesting deletion of the original listed wastes and quantities. These wastes were originally listed due to a misunderstanding of the regulations.

General Motors Warehousing and Distribution Division hereby requests that the status of the above referenced facility be changed from full TSDF to Small Quantity Generator. In addition, we request that we retain our EPA ID number for future use should the nature of our operations change.

If I can be of further assistance, please contact me at 313-635-6614.

Sincerely,

Benedette B. Sorchevich

B. B. SORCHEVICH
Environmental Control
Facilities and Planning

BBS/sm
Enclsoure

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W 61AD 0008 14343										W DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
EPA NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	D001	22000	P	501															
2	D002																	Incl. Above	
3																			
4																			
5																			
6																			
7																			
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26																			

FORM 1



U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F GAD000 81434

GENERAL

II. POLLUTANT CHARACTERISTICS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided in the designated space, review the information carefully; if any of it is incorrect, through it and enter the correct data appropriate fill-in area below. Also, if the preprinted data is absent (the area left of the label space lists the info that should appear), please provide proper fill-in area(s) below. If the complete and correct, you need not complete items I, III, V, and VI (except VI must be completed regardless). Complete items if no label has been provided. The instructions for detailed instructions and for the legal authorization which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" questions, you must submit this form and the supplemental forms listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your facility is excluded from permit requirements; see Section C of the instructions. See also, Section II of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"		SPECIFIC QUESTIONS	MARK "X"	
	YES	NO		YES	NO
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one-quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X

III. NAME OF FACILITY

GMC WHS. & DISTRIBUTION DIV. - ATLANTA

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
DAWSON WAYNE SR. ENGINEER	313 635 5474

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
6060 W. BRISTOL RD.	ELINT	MI	48554

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
64060 MOTORS INDUSTRIAL WAY	DEKALB		GA	30360	

ATTACHMENT I PG 40F9

A. FIRST			B. SECOND		
C	7	(specify)	C	7	(specify)
10	10	10	10	10	10
STORAGE - AUTO PARTS					
C. THIRD			D. FOURTH		
C	7	(specify)	C	7	(specify)
10	10	10	10	10	10

C		A. NAME	B. Is the name listed in Item VIII-A also the owner?
8	GMC W HSG. & DISTRIBUTION DIV. FLINT		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
10			

F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	P (specify)	E A	313	635	5474
---	---	-------------	--------	-----	-----	------

6060 W. BRISTOL ROAD

C	F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
B	FLINT	MI	48554	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)																			
C	T	I								C	T	I																	
9	N		NA							9	P		NA																
10	11	12								10	11	12																	
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)																			
C	T	I								C	T	I																	
9	U		NA							9			NA							(specify)									
10	11	12								10	11	12																	
C. RCRA (Hazardous Wastes)										E. OTHER (specify)																			
C	T	I								C	T	I																	
9	R		NA							9			NA							(specify)									
10	11	12								10	11	12																	

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

FACILITY UTILIZATION IS PRIMARILY FOR STORAGE AND WHOLESALE DISTRIBUTION OF MOTOR VEHICLE PARTS AND ACCESSORIES.

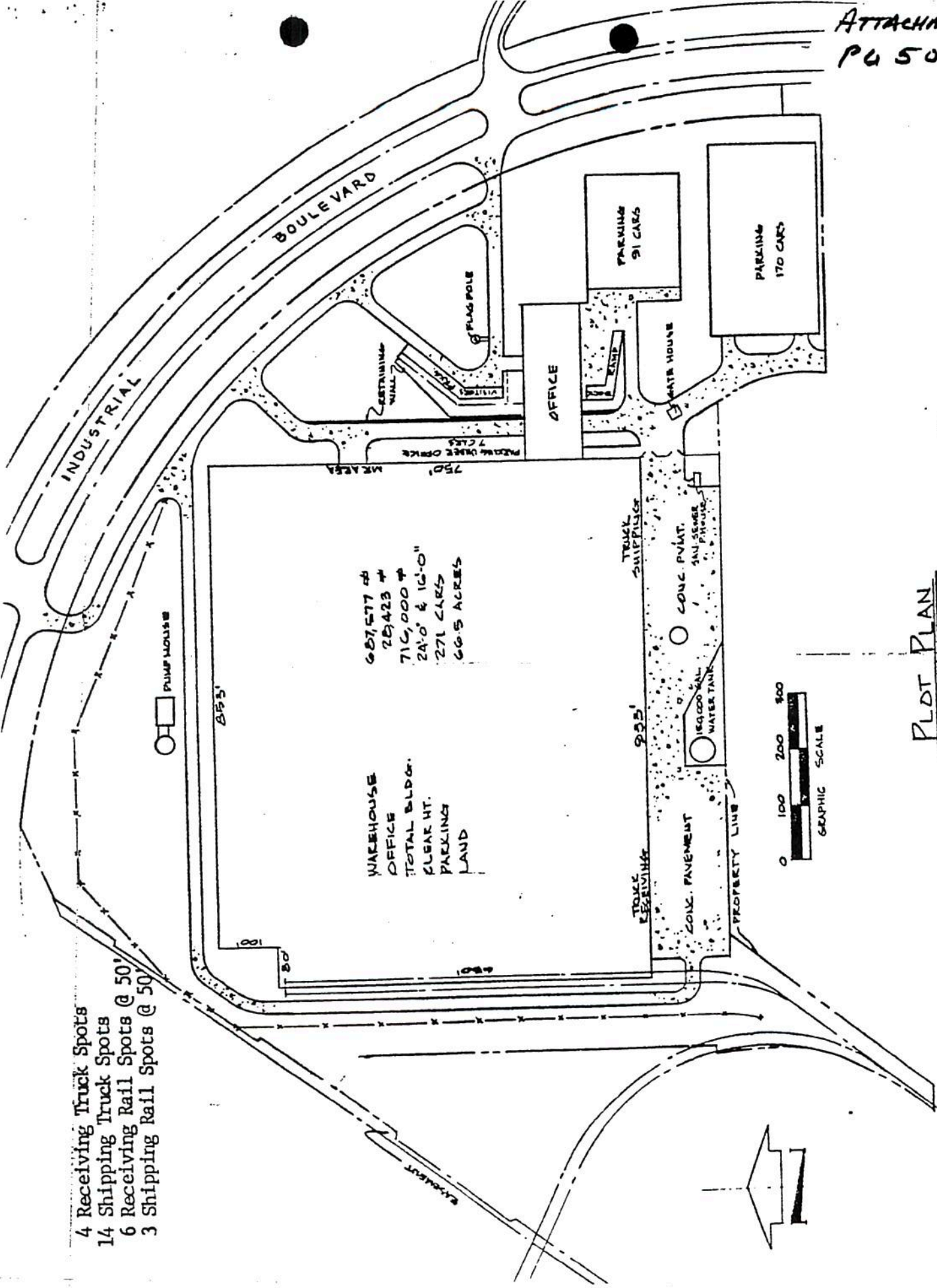
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

X
L. B. Kellogg

C. DATE SIGNED

COMMENTS FOR OFFICIAL USE ONLY



Plot Plan
G.M. PARTS DIVISION - ATLANTA, GA. #08

- 4 Receiving Truck Spots
- 14 Shipping Truck Spots
- 6 Receiving Rail Spots @ 50'
- 3 Shipping Rail Spots @ 50'

FORM 3 RCRA	 EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program <i>(This information is required under Section 3005 of RCRA.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> F G A D 0 0 0 8 1 4 3 4 3 </div>																																																																								
FOR OFFICIAL USE ONLY																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">APPLICATION APPROVED</th> <th style="width:10%;">DATE RECEIVED (yr., mo., & day)</th> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>		APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)			COMMENTS <div style="height: 40px;"></div>																																																																					
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)																																																																										
II. FIRST OR REVISED APPLICATION																																																																											
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.																																																																											
A. FIRST APPLICATION (place an "X" below and provide the appropriate date) <input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">YR.</th> <th style="width:10%;">MO.</th> <th style="width:10%;">DAY</th> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">7</td> <td style="text-align: center;">3</td> </tr> </table> </div> <div style="width: 50%;"> FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) </div> </div>		YR.	MO.	DAY	8	7	3	<input type="checkbox"/> 2. NEW FACILITY (Complete item below.) FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">YR.</th> <th style="width:10%;">MO.</th> <th style="width:10%;">DAY</th> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>		YR.	MO.	DAY																																																															
YR.	MO.	DAY																																																																									
8	7	3																																																																									
YR.	MO.	DAY																																																																									
B. REVISED APPLICATION (place an "X" below and complete item I above) <input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS		<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT																																																																									
III. PROCESSES - CODES AND DESIGN CAPACITIES																																																																											
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, the describe the process (including its design capacity) in the space provided on the form (Item III-C).																																																																											
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.																																																																											
1. AMOUNT - Enter the amount. 2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.																																																																											
	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY																																																																									
Storage:																																																																											
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS																																																																									
TANK	S02	GALLONS OR LITERS																																																																									
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS																																																																									
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS																																																																									
Disposal:																																																																											
INJECTION WELL	D79	GALLONS OR LITERS																																																																									
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER																																																																									
LAND APPLICATION	D81	ACRES OR HECTARES																																																																									
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY																																																																									
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS																																																																									
	UNIT OF MEASURE CODE																																																																										
GALLONS	G																																																																										
LITERS	L																																																																										
CUBIC YARDS	Y																																																																										
CUBIC METERS	C																																																																										
GALLONS PER DAY	U																																																																										
	UNIT OF MEASURE CODE																																																																										
LITERS PER DAY	V																																																																										
TONS PER HOUR	D																																																																										
METRIC TONS PER HOUR	W																																																																										
GALLONS PER HOUR	E																																																																										
LITERS PER HOUR	H																																																																										
	UNIT OF MEASURE CODE																																																																										
ACRE-FEET	A																																																																										
HECTARE-METER	F																																																																										
ACRES	E																																																																										
HECTARES	C																																																																										
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C). <div style="border: 1px solid black; padding: 5px; height: 40px; margin-top: 5px;"></div>																																																																											
EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">LINE NUMBER</th> <th style="width:10%;">A. PROCESS CODE (from list above)</th> <th style="width:20%;">B. PROCESS DESIGN CAPACITY</th> <th style="width:10%;">FOR OFFICIAL USE ONLY</th> <th style="width:10%;">LINE NUMBER</th> <th style="width:10%;">A. PROCESS CODE (from list above)</th> <th style="width:20%;">B. PROCESS DESIGN CAPACITY</th> <th style="width:10%;">FOR OFFICIAL USE ONLY</th> </tr> <tr> <th colspan="2"></th> <th>1. AMOUNT (specify)</th> <th></th> <th colspan="2"></th> <th>1. AMOUNT</th> <th></th> </tr> <tr> <th colspan="2"></th> <th></th> <th>2. UNIT OF MEASURE (enter code)</th> <th colspan="2"></th> <th></th> <th>2. UNIT OF MEASURE (enter code)</th> </tr> <tr> <td>X-1</td> <td>S 0 2</td> <td>600</td> <td>G</td> <td>5</td> <td></td> <td></td> <td></td> </tr> <tr> <td>X-2</td> <td>T 0 3</td> <td>20</td> <td>E</td> <td>6</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>S 0 1</td> <td>1440</td> <td>G</td> <td>7</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td>8</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td>9</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td>10</td> <td></td> <td></td> <td></td> </tr> </table>				LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY			1. AMOUNT (specify)				1. AMOUNT					2. UNIT OF MEASURE (enter code)				2. UNIT OF MEASURE (enter code)	X-1	S 0 2	600	G	5				X-2	T 0 3	20	E	6				1	S 0 1	1440	G	7				2				8				3				9				4				10			
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY																																																																				
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			2. UNIT OF MEASURE (enter code)				2. UNIT OF MEASURE (enter code)																																																																				
X-1	S 0 2	600	G	5																																																																							
X-2	T 0 3	20	E	6																																																																							
1	S 0 1	1440	G	7																																																																							
2				8																																																																							
3				9																																																																							
4				10																																																																							

ATTACHMENT 1

PG 7 OF 9

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS.....P
TONS.....T

METRIC UNIT OF MEASURE CODE
KILOGRAMS.....K
METRIC TONS.....M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous wastes: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Form Approved OMB No. 158-S20-504

IV. DESCRIPTION OF HAZARDOUS WASTES (continue)[illegible]

V. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

ATTACHMENT I

PG 90F9

EPA I.D. NO. (enter from page 1)															
F	G	A	D	0	0	8	1	4	3	4	3	T	I	N	C
											6				

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)												LONGITUDE (degrees, minutes, & seconds)											
3	3	5	4	3	2	N	0	8	4	1	7	1	5	W									

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER												2. PHONE NO. (area code & no.)											
3. STREET OR P.O. BOX												4. CITY OR TOWN											
5. ST.												6. ZIP CODE											

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
	<i>L. B. Kalush</i>	

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR ANNUAL HAZARDOUS WASTE REPORT

This report is for the calendar year ending December 31, 1982

RECEIVED

AFFIX LABEL HERE

GENERAL INSTRUCTIONS: If you received a preprinted label attached to the mailing envelope in which this form was enclosed, affix it in the space provided. If any of the information on the label is incorrect, draw a line through it and provide the correct information in the appropriate section below. If the information is correct and complete, leave sections I, II, and III below blank. If you did not receive a preprinted label, complete all sections. REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM. The information requested in this report is required by law, Section 3002 of the Resource Conservation Recovery Act.

I. GENERATOR'S EPA I.D. NUMBER

T/A C

GA D001018114343

II. NAME OF INSTALLATION

GA WHISG 1st DIST. DIV - ATLANTA

III. INSTALLATION MAILING ADDRESS

601601 W BRISTOL Rd

Street or P.O. Box

FLINT

City or Town

MI 48554

State Zip Code

IV. LOCATION OF INSTALLATION (if different than section III above)

40610 MOTOR INDUSTRIAL WAY

Street or Route number

DORAVILLE

City or Town

GA 30106

State Zip Code

V. INSTALLATION CONTACT

SORCHEVICH BERNADITTA

Name (last and first)

313-1635T-166114

Phone No. (area code & no.)

SIC CODE 5013

VI. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

L.L. Browning

Print/Type Name

Manager-PDC

Title

L.L. Browning

Signature of Authorized Representative

3-1-83

Date Signed

ENVIRONMENTAL PROTECTION AGENCY

Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1982

Date rec'd:

Rec'd by:

VII. GENERATOR'S EPA I.D. NO.

GAD000018114131413

T/A C

VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Arlivec Chemicals, Inc

IX. FACILITY'S EPA I.D. NO.

GAD19907407114

X. FACILITY ADDRESS

P.O. Box 54
7962 Huey Rd
Douglasville, Ga 30133

XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of all transporters whose services were used during 1982. This section to be completed only once. Do not repeat on supplemental sheets.)

Arlivec Chemicals, Inc GAD1990740714

XII. WASTE IDENTIFICATION

Sequence #	Line	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
1	1	Waste Solvent	08	F003 F003	9.176	P
2	2	Waste Oil	none	none	1.463	P
3	3					
4	4					
5	5					
6	6					
7	7					
8	8					
9	9					
10	10					
11	11					
12	12					

XIII. COMMENTS (enter information by section number—see instructions)

Do not make entries in shaded areas.

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR ANNUAL HAZARDOUS WASTE REPORT

This report is for the calendar year ending December 31, 1981.

RECEIVED

MAR 10 1982

ENVIRONMENTAL PROTECTION DIVISION
LAND PROTECTION BRANCH

Please print/type with elite type (12 characters per inch)

I. GENERATOR'S EPA I.D. NUMBER

T/A C

EPA ID 000811434351
1 2 13 14 15

II. NAME OF INSTALLATION

GHI WHSIG 4 DIST. DIK-ATLANTA
30 69

III. INSTALLATION MAILING ADDRESS

6060 W BRISTOL RD.
15 16 45

Street or P.O. Box

FARM
15 16

City or Town

HI 48054
41 42 47 51
State Zip Code

IV. LOCATION OF INSTALLATION (if different than section III above)

4060 MOTON INDUSTRIAL WAY
15 16 45

Street or Route number

DORAVILLE
15 16

City or Town

GA 30060
41 42 47 51
State Zip Code

V. INSTALLATION CONTACT

Sorechevich Bernadette
15 16 45

Name (last and first)

313-1635-16614
46 55

Phone No. (area code & no.)

VI. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

L.L. Browning Manager-PDC

Print/Type Name

Title

L.L. Browning

Signature of Authorized Representative

3-1-83

Date Signed

ENVIRONMENTAL PROTECTION AGENCY

Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

VII. GENERATOR'S EPA I.D. NO.

GAD00008114343
1 2 13 14 15

T/A C

VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)

ARIVEC Chemicals, Inc

IX. FACILITY'S EPA I.D. NO.

GAD990740714
16 28

X. FACILITY ADDRESS

P.O. Box 54
7962 Hwy Rd
Douglasville, Ga 30133

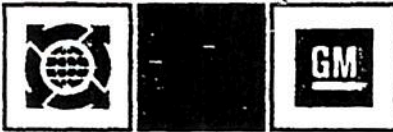
XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of all transporters whose services were used during 1981. This section to be completed only once. Do not repeat on supplemental sheets.)

ARIVEC Chemicals, Inc GAD990740714

XII. WASTE IDENTIFICATION

Line	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
1	White Solvents	08	F003 F005	14430	P
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

XIII. COMMENTS (enter information by section number—see instructions)



Warehousing & Distribution
Division of General Motors Corporation

December 9, 1983

Georgia Department of Natural Resources
Environmental Protection Division
270 Washington Street, S.W.
Atlanta, GA 30334


RE: EPA #GAD000814343 - Doraville
EPA #GAD000814350 - Chamblee
Change of Status to Small Quantity Generator

General Motors Warehousing and Distribution Division is hereby submitting a request for change in the status of the above referenced facility from full Treatment, Storage, or Disposal Facility (TSDF) to Small Quantity Generator. This change is requested due to a modification in the nature of our operations which now generate waste materials at a rate less than 1000 kilograms per month.

In addition, we are requesting deletion of the original listed wastes. The wastes were initially listed as Commercial Chemical Products ("U" numbers). However subsequent clarification of the definitions in the regulations indicate the wastes should be listed as ignitable and corrosive ("D" numbers) as shown on the enclosed revised page 3 of 5 of the Part A permit application.

Also, at this time, we are requesting that we retain our EPA ID number for future use should the nature of our operations change again.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.


L. L. BROWNING, PDC Manager
Warehousing and Distribution
Division of General Motors

LLB/sm
Attachments



JOE D. TANNER
Commissioner

J. LEONARD LEDBETTER
Division Director

Attachment 5 PG 1071
Department of Natural Resources

ENVIRONMENTAL PROTECTION DIVISION
270 WASHINGTON STREET, S.W.
ATLANTA, GEORGIA 30334

January 31, 1984

Mr. L. L. Browning, PDC Manager
General Motors Corporation
Warehousing & Distribution
6060 West Bristol Road
Flint, Michigan 48554

FILE COPY

RE: Request for Facility Status
Changes for G.M. Parts Division
Plant, Doraville
EPA ID#GAD00814343

Dear Mr. Browning:

This will acknowledge receipt of your request for withdrawal of your application for a Hazardous Waste Facility permit.

Based on the information provided, withdrawal of your application is warranted and your permit application has been placed in our inactive files.

As requested, your status has been changed to a small quantity generator and your EPA Identification Number has been retained.

Please be advised that withdrawal of your permit application invalidates any variance that you received to continue existing hazardous waste treatment storage or disposal during the permit review process and that based on our concurrence with your withdrawal request, the Federal Environmental Protection Agency will terminate your facility's interim status.

Should you wish to treat, store, or dispose of hazardous waste in the future, it will be necessary that a hazardous waste handling permit be issued, prior to the construction of such facilities, under authority of Section 8 of the Georgia Hazardous Waste Management Act and Section 391-3-11-.10 and .11 of Georgia's Rules for Hazardous Waste Management.

If further clarification is needed on this matter, please feel free to contact Alan Laros at 404/656-7802.

Sincerely,

John D. Taylor, Jr.
Program Manager
Industrial & Hazardous Waste
Management Program

JDT:alb:12

cc: James H. Scarbrough
File: GM Parts Div. (Y)

REGION: 04
STATE: GA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

PAGE: 11
RUN DATE: 04/17/87
RUN TIME: 14:05:50

M.2 - SITE MAINTENANCE FORM

* ACTION: -

EPA ID : GAD000814343

SITE NAME: GENERAL MOTORS PARTS DIV

STREET : 4060 MOTORS INDUSTRIAL WAY

CITY : DORAVILLE

CNTY NAME: DEKALB

LATITUDE : 33/54/32.0

LL-SOURCE: R

SMSA : 0520

INVENTORY IND: Y REMEDIAL IND: Y REMOVAL IND: N FED FAC IND: N

NPL IND: N NPL LISTING DATE: NPL DELISTING DATE:

SITE/SPILL IDS:

RPM NAME:

RPM PHONE: - -

SITE CLASSIFICATION:

SITE APPROACH:

DIOXIN TIER:

REG FLD1:

REG FLD2: 6

RESP TERM: PENDING () NO FURTHER ACTION ()

* PENDING ()

NO FURTHER ACTION ()

ENF DISP: NO VIABLE RESP PARTY () VOLUNTARY RESPONSE ()
ENFORCED RESPONSE () COST RECOVERY ()

SITE DESCRIPTION:

WAREHOUSE FOR MOTOR VEHICLE PARTS AND ACCESSORIES. SMALL

QUANTITY GENERATOR.

* _____
* _____
* _____
* _____

REGION: 04
STATE : GA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

M.2 - PROGRAM MAINTENANCE FORM

PAGE: 12
RUN DATE: 04/17/87
RUN TIME: 14:05:50

SITE: GENERAL MOTORS PARTS DIV

EPA ID: GAD000814343

PROGRAM CODE: H01

PROGRAM TYPE:

PROGRAM QUALIFIER:

ALIAS LINK :

PROGRAM NAME:

SITE EVALUATION

DESCRIPTION:

* ACTION: -

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REGION: 04
STATE : GA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

PAGE: 13
RUN DATE: 04/17/87
RUN TIME: 14:05:50

M.2 - EVENT MAINTENANCE FORM

* ACTION: -

SITE: GENERAL MOTORS PARTS DIV
PROGRAM: SITE EVALUATION

EPA ID: GAD000814343 PROGRAM CODE: H01

FMS CODE: EVENT QUALIFIER :

EVENT NAME: DISCOVERY

DESCRIPTION:

EVENT TYPE: DS1

EVENT LEAD: E

STATUS:

* - - - - -
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ORIGINAL

CURRENT

ACTUAL

START:

START:

START:

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COMP :

COMP :

COMP : 08/01/80

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HQ COMMENT:

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RG COMMENT:

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COOP AGR #

AMENDMENT #

STATUS

STATE %

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0

REGION: 04
STATE : GA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

PAGE: 14
RUN DATE: 04/17/87
RUN TIME: 14:05:50

M.2 - EVENT MAINTENANCE FORM

* ACTION: _

SITE: GENERAL MOTORS PARTS DIV
PROGRAM: SITE EVALUATION

EPA ID: GAD000814343 PROGRAM CODE: H01

EVENT TYPE: PA1

FMS CODE: EVENT QUALIFIER :

EVENT LEAD: S

EVENT NAME: PRELIMINARY ASSESSMENT

STATUS:

DESCRIPTION:

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ORIGINAL

CURRENT

ACTUAL

START:

START:

START: 01/01/85

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COMP :

COMP :

COMP : 01/01/85

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HQ COMMENT:

RG COMMENT:

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COOP AGR #

AMENDMENT #

STATUS

STATE %

0

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REGION: 04
STATE : GA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

PAGE: 15
RUN DATE: 04/17/87
RUN TIME: 14:05:50

M.2 - COMMENT MAINTENANCE FORM

SITE: GENERAL MOTORS PARTS DIV

EPA ID: GAD000814343

COM
NO COMMENT

001 PART A- ON FILE

ACTION

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